

PARTICIPANT ALLERGY INFORMATION FORM



Parks & Recreation Department

Adapted Programs

	rticipant					Santa Ba	aguna Street rbara, CA 93101 5) 564-5421
Da	te	_					sandrecreation.com
	e registration information sub	. We w	ould ar	preciate			
que	estions to better understand if	there are any n	nedical	needs.			
diff and	ease list below the participant's ficulty breathing, swelling, hive didependent adults, their custofficipant's health and special new control of the control	es, or other syrodial parent or	nptoms	. It is the	responsibility	of the particip	ant or, for minors
	Allergy	Mild - Mo	oderate	- Severe		Sympton	ns
	Bee Stings						
	Food						
	☐ Nuts						
	☐ Fish						
	☐ Other						
	Dust						
	Grass						
	Mold						
	Pollen						
	Other						
What first aid is usually administered? ☐ Benadryl ☐ Epipen					☐ Other		
Will participant carry the above medication to the program daily?					☐ Yes	□ No	
Can participant identify when to use the medication?					☐ Yes	□ No	
Can participant self administer the medication if necessary?					☐ Yes	□ No	
	e location of participant's medi			•			
of or allo	ate law prevents City staff from medication is the responsibility legal guardian. If the particip owed to do so. If not, arrangent administer the medication. gnature of participant OR, for	y of the particip ant can admin nents must be r	eant or, ister the made w	for minors e medicat ith prograi	s and depend ion without a m staff to hav	ent adults, theinssist or reminders cor	ir custodial parent ders, they will be ne to the program
√	Signature	Prin	Print Full Name				Date